

2010 Benefits



Medicare Advantage Plans from HealthAmerica

Benefits	Advantra Gold (HMO) Allegheny County	Advantra Silver (HMO) Allegheny County	Advantra Gold (HMO) Western PA	Advantra Silver (HMO) Central & Western PA	Advantra Gold (PPO) Allegheny County		**NEW** Advantra Elite (PPO) Allegheny County		Advantra Gold (PPO) Western PA		Advantra Silver (PPO) Western PA		**NEW** Advantra Elite PPO Western PA	
	In-Network	In-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Contract Number/PBP Number	H3959-001	H3959-010	H3959-002	H3959-011	H5522-001		H5522-007		H5522-003		H5522-005		H5522-009	
Plan Type	HMO	HMO	HMO	HMO	PPO		PPO		PPO		PPO		PPO	
Premium	\$96	\$0	\$76	\$0	\$81		\$0		\$84		\$0		\$0	
MOOP	No MOOP	No MOOP	No MOOP	No MOOP	No MOOP		\$2,000	No MOOP	No MOOP		No MOOP		\$2,000	No MOOP
Deductible	\$0	\$0	\$0	\$0	\$0	\$750	\$1,500	\$2,000	\$0	\$750	\$0	\$1,000	\$1,200	\$2,000
Medical:														
Inpatient-Medical	\$170/day 1-8	\$185/day 1-7	\$170/day 1-8	\$150/days 1-7	\$160/days 1-5	20%	\$0	30%	\$170/days 1-5	20%	\$140/days 1-5	20%	\$0	30%
PCP	\$12	\$15	\$10	\$20	\$10	20%	\$15	30%	\$10	20%	\$15	20%	\$10	30%
Specialist	\$35	\$40	\$35	\$40	\$30	20%	\$30	30%	\$35	20%	\$40	20%	\$30	30%
Outpatient Surgery	\$175	\$175	\$150	\$150	\$175	20%	\$0	30%	\$175	20%	\$150	20%	\$0	30%
Rx:														
Tier 1	\$6	\$4	\$5	\$6	\$6		\$4		\$6		\$4		\$4	
Tier 2	\$38	\$37	\$38	\$32	\$38		\$40		\$37		\$41		\$40	
Tier 3	\$68	\$68	\$69	\$64	\$67		\$69		\$70		\$66		\$69	
Tier 4	33%	33%	33%	33%	33%		33%		33%		33%		33%	
Gap	Tier 1	No	Tier 1	No	Tier 1		Not covered		Tier 1		No		No	
Services Not Covered by Medicare:														
Part B Premium Benefit	N/A	Up to \$30 credited monthly to Part B Premium	N/A	Up to \$10 credited monthly to Part B Premium	N/A		N/A		N/A		N/A		N/A	

Benefits	<i>Advantra Gold (HMO) Allegheny County</i>	<i>Advantra Silver (HMO) Allegheny County</i>	<i>Advantra Gold (HMO) Western PA</i>	<i>Advantra Silver (HMO) Central & Western PA</i>	<i>Advantra Gold (PPO) Allegheny County</i>		**NEW** Advantra Elite (PPO) Allegheny County		<i>Advantra Gold (PPO) Western PA</i>		<i>Advantra Silver (PPO) Western PA</i>		**NEW** Advantra Elite PPO Western PA	
	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Dental	\$0 for 2 exams, 2 cleanings, 1 X-ray/yr; 50% Coinsurance for extractions, restorative services & fillings; \$25 deductible up to \$1000 max; \$25 Comp Dental Medicare Covered Only	Preventive Services Not Covered \$25 Comp Dental Medicare Covered Only	\$0 for 2 exams, 2 cleanings, 1 X-ray/yr; 50% Coinsurance for extractions, restorative services & fillings; \$25 deductible up to \$1000 max; \$25 Comp Dental Medicare Covered Only	Preventive Services Not Covered \$30 Comp Dental Medicare Covered Only	\$0 for 2 exams, 2 cleanings, 1 X-ray/yr; 50% Coinsurance for extractions, restorative services & fillings; \$25 deductible up to \$1000 max; \$25 Comp Dental Medicare Covered Only		Preventive Services Not Covered \$0 Comp Dental Medicare Covered Only	Preventive Services Not Covered 30% Comp Dental Medicare Covered Only	\$0 for 2 exams, 2 cleanings, 1 X-ray/yr; 50% Coinsurance for extractions, restorative services & fillings; \$25 deductible up to \$1000 max; \$25 Comp Dental Medicare Covered Only		Preventive Services Not Covered \$25 Comp Dental Medicare Covered Only	Preventive Services Not Covered 20% Comp Dental Medicare Covered Only	Preventive Services Not Covered \$0 Comp Dental Medicare Covered Only	Preventive Services Not Covered 30% Comp Dental Medicare Covered Only
Fitness	Yes	Yes	Yes	Yes	Yes		Yes		Yes		Yes		Yes	
Vision	\$25 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	Preventive Services Not Covered \$25 exam for Medicare Covered only; 1 pair of glasses after cataract surgery - Medicare Covered Only	\$25 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	Preventive Services Not Covered \$25 exam for Medicare Covered only; 1 pair of glasses after cataract surgery - Medicare Covered Only	\$25 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	\$25 max exam benefit/year - Non-Medicare covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 20% - Medicare Covered Only	\$30 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	\$30 max exam benefit/year - Non-Medicare covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 30% - Medicare Covered Only	\$25 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	\$25 max exam benefit/year - Non-Medicare covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 20% - Medicare Covered Only	Preventive Services Not Covered \$25 exam for Medicare Covered only; 1 pair of glasses after cataract surgery - Medicare Covered Only	Preventive Services Not Covered 20% Medicare Covered Only	\$30 exam; 1 routine exam per year - Non-Medicare Covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 1 pair of glasses after cataract surgery - Medicare Covered Only.	\$30 max exam benefit/year - Non-Medicare covered; \$150 for glasses and contacts every 2 yrs - Non-Medicare Covered; 30% - Medicare Covered Only
Transportation	N/A	N/A	N/A	N/A	N/A		N/A		N/A		N/A		N/A	
Hearing	Preventive Services Not Covered \$25 exam for Medicare Covered only	Preventive Services Not Covered \$25 exam for Medicare Covered only	\$25 - 1 routine exam/year Non-Medicare Covered; \$750 limit every 3 years (\$500 for 1st aid, \$250 for 2nd aid); \$30 Diagnostic Only - Medicare Covered Only	Preventive Services Not Covered \$30 exam for Medicare Covered only	\$25 - 1 routine exam/year Non-Medicare Covered; \$750 limit every 3 years (\$500 for 1st aid, \$250 for 2nd aid); \$25 Diagnostic Only - Medicare Covered Only	\$25 max exam benefit/year - Non-Medicare covered; \$375 every 3 years for hearing aids; 20% - Medicare Covered Only	Preventive Services Not Covered \$0 exam for Medicare Covered only	Preventive Services Not Covered 30% for Medicare Covered only	\$25 - 1 routine exam/year Non-Medicare Covered; \$750 limit every 3 years (\$500 for 1st aid, \$250 for 2nd aid); \$25 Diagnostic Only - Medicare Covered Only	\$25 max exam benefit/year - Non-Medicare covered; \$375 every 3 years for hearing aids; 20% - Medicare Covered Only	Preventive Services Not Covered \$25 exam for Medicare Covered only	Preventive Services Not Covered 20% for Medicare Covered only	Preventive Services Not Covered \$0 exam for Medicare Covered only	Preventive Services Not Covered 30% for Medicare Covered only

Availability

Current Service Area

- Allegheny County
- Western PA - Armstrong, Beaver, Bedford, Butler, Clearfield, Crawford, Erie, Fayette, Greene, Lawrence, Mercer, Washington and Westmoreland counties, PA
- Ohio - Columbiana, Mahoning, and Trumbull counties, OH

2010 Expansion

- Somerset county, PA

